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New Chiefs Pinned at Memorial Auditorium

By Andrew
Damstedt
NSAB Public Affairs
staff writer

With family and friends watching, five Sailors were promoted to chief petty officer in a recent ceremony onboard Naval Support Activity Bethesda (NSAB).

The Sailors were welcomed into the ranks by Command Master Chief Terry J. Prince, senior enlisted advisor for the Defense Health Agency, at a ceremony where two golden anchors were pinned onto the new chief petty officers' lapels and a combination cover was placed on their head. The five donned khaki uniforms for the first time and joined the more than 4,000 other Sailors who were accepted into the chief's mess throughout the U.S. Navy Sept. 16.

"Because I would submit to you ladies and gentlemen that being a chief petty officer is not the most difficult thing that they will do in their life, but it is certainly the most challenging thing they'll do in their career," Prince said. "Because if you're doing it right, it will take everything you have to do that job. There is no greater responsibility than being a chief petty officer in the United States Navy."

Prince also advised the new chief petty officers to lead by example, take the initiative and embrace change. Chief Hospital Corpsman Sheryll Martin read the significance of the anchors and Senior Chief Hospital Corpsman Troy Murphy sang the national anthem.

The five promoted at the ceremony held in the Memorial Auditorium at Walter Reed National



Photo by Andrew Damstedt

Chief Hospital Corpsman Bernard I. Ibe's family members pin anchors on his lapel during a chief petty officer pinning ceremony Sept. 16 in the Memorial Auditorium at Walter Reed National Military Medical Center.

Military Medical Center (WRNMMC) were: Chief Master-at-Arms Mark L. Collins, NSAB; Chief Hospital Corpsman Michael J. Fuchs, WRNMMC; Chief Hospital Corpsman Bernard I. Ibe, Navy Medicine Professional Development Center (NMPDC); Chief Hospital Corpsman Roy D. Jaquez, NMPDC; and Chief Yeoman Granville M. Johns, Ft. Belvoir Community Hospital.

Collins said he was honored to be promoted to chief petty officer. Collins became the first Sailor from NSAB to be promoted to chief petty officer since the command was formed in 2010.

"It's a lot of responsibility, but it's something that

I am really looking forward to," he said.

In a family tradition, he was pinned with the anchors that belonged to his father, James L. Collins, which his brother, Jim Collins, pinned on him at the ceremony.

"I got pinned with those same anchors and we're carrying on down the line to him," Jim said.

Collins said he viewed becoming a chief as a great responsibility and credited his Sailors for helping get him to this career milestone.

"I just want to be there for my Sailors – and that's the point of being a chief, to take care of your Sailors – [to] make sure they have the tools to be successful

because they are going to be the ones who are replacing me in the future," Collins said.

Jaquez said he was grateful for the help his family and others gave him during his 12 years in the Navy that led him to becoming a chief petty officer.

"It means the world to me, it's everything I've strived for since I came into the Navy," he said.

Ibe said he wants to give back to the Sailors he'll lead as a new chief petty officer, carrying on the long tradition of that office.

"It's not just leading them to some expectation, but to make sure that they are going to get better

than what you have and become a better leader than you and a better person for their family and for the Navy," Ibe said.

The new chiefs went through six weeks of training before getting their anchors.

Fuchs said the biggest thing he learned throughout the process was that a "chief isn't just one leader, he's part of a unified mess, and I learned how to expand my leadership and how to relate my leadership to that mess."

The five Sailors entered the auditorium singing "Anchors Aweigh," and marched to the stage. Family members helped pin on the anchors, and the new chiefs' sponsors,

also chiefs, helped them to don their new combination covers. Then, they were piped aboard as chief petty officers.

"It's a big responsibility, as they say 'The anchors are heavy,'" Johns said. "You're looked at as the expert and you have to have that confidence and that knowledge to motivate and impact other people that you work with. It's no longer about yourself; it's about your Sailors and guiding and getting them on the career path they need, and making sure they are set up for success. From this point forward nothing is about me anymore; it's all about the Sailors."

CNO Richardson's Day 1 Message to the Fleet

I'd first like to thank Adm. Jon Greenert and his wife Darleen for their magnificent service to our country for over 40 years and especially for their role in leading our Navy these past four years. They have been tireless and superb advocates for our Sailors and their families, our Navy, and our Nation.

I hold some core beliefs about our Navy that guide me. The Naval profession is founded on bonds of trust and confidence – between us and the American people, and amongst us as members of our Navy team.

The Navy must be at sea, underway. We must be present in key areas of the world protecting American interests – enabling access to international markets and trade, responding to crises, and providing security.

We must be able to operate seamlessly with others. Our premier partner is the United States Marine Corps. We also operate closely with our fellow services, and our allies and partners.

The muscle and bones of the Navy are our ships, submarines and aircraft – highly capable, exercised daily, well equipped, and ready to operate at sea and far from home.

But the heart and soul of the Navy is you, our people. Every day around the world, you can be found on, under, and over the sea. You are smart, resourceful, committed Americans who want to be part of something special – to serve our country and to be part of a high-performing team. You are rightly proud of what you do and you are a formidable force.

I believe in the strength that flows from our families. The Richardsons are a typical Navy



Adm. John Richardson
Chief of Naval Operations

family – 20 moves, dozens of schools, stationed all around the country and overseas. Today, the Richardson family, like all Navy families, remains strong and ready to serve our nation.

America sends us their sons and daughters, their brothers and sisters, their fathers and mothers, to join our team and go to sea with us – if needed, into harm's way. In return for that commitment, we must provide a positive and respectful environment where we can all thrive and reach our highest potential.

Finally, the American people demand, as they should, that we execute our mission in a prudent and responsible way, worthy of their confidence in us.

It is a privilege to work with, and especially to lead, such a capable and creative team. Despite growing challenges and significant strains, you continue to go to sea to do what must be done today, and you create and innovate in order to prevail tomorrow. You learn faster, adapt quicker, and fight harder than any adversary.

The bottom line is that in any situation, in any competition, and certainly in any fight, America expects that their Navy will find a way to win – and we will.

Thank you for your leadership and service to keep our nation secure. I am extremely proud to be part of this amazing team. I will give everything I have to honor and strengthen the bonds of trust and confidence we share, and that make our Navy the strongest that has ever sailed the seas.

Bethesda Notebook

Suicide Prevention Walk

Resiliency and Psychological Health Service's annual "I Walk to Remember" Suicide Prevention Walk is scheduled for Sept. 30 at noon beginning at the Healing Plaza in front of the America Building. For more information, call 301-400-1974.

Healing Arts Exhibit

The Healing Arts Exhibit (previously known as the Breast Cancer Art Show) at Walter Reed National Military Medical Center will be Oct. 8 at 3 p.m. in the Pavilion between the America Garage and Building 19. Artwork submissions will be accepted until Oct. 2. For more information regarding submissions, contact Jessica Shipman at 301-319-2896 or Capt. Moira G. McGuire at 301-319-8755.

Front Desk Training

Upcoming Front Desk Professionals' courses (mandatory annual training for front desk professionals) are scheduled for Oct. 6 from 8 a.m. to 3 p.m. in the National Intrepid Center of Excellence (NICoE) Dive Room, and Oct. 8 from 8 a.m. to 3 p.m. in the NICoE Auditorium. The next mandatory monthly front desk professionals' forum is Dec. 12 at 11 a.m. in the Memorial Auditorium. For more information, contact Jennifer Washington at Jennifer.n.washington.civ@mail.mil or Master Sgt. Staci Harrison at staci.r.harrison.mil@mail.mil.

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WRNMMC Celebrates Air Force's 68th Birthday

By Bernard S. Little
WRNMMC Public Affairs staff writer

Recognizing the legacy of the nation's youngest armed service, Walter Reed National Military Medical Center (WRNMMC) celebrated the 68th birthday of the U.S. Air Force during morning colors Sept. 17.

Lt. Gen. (Dr.) Mark A. Ediger, the 22nd Surgeon General of the U.S. Air Force, joined WRNMMC for the celebration in front of the historic Tower on Naval Support Activity Bethesda (NSAB). Service members from all branches of the military participated in the observance.

Navy Command Master Chief Tyrone Willis, WRNMMC senior enlisted leader, and Air Force Senior Airman Amy L. Florkiewicz, the most junior Airman at WRNMMC, assisted in cutting the ornate cake, prepared by Petty Officer 2nd Class Anthony Gonzalez, for the affair.

Army Maj. Gen.



Photo by Bernard S. Little

The official party prepares to cut the cake celebrating the 68th Air Force birthday at Walter Reed National Military Medical Center on Sept. 17. The U.S. Air Force was officially established on Sept. 18, 1947.

(Dr.) Jeffrey B. Clark, WRNMMC director, noted the joint efforts at the medical center. "This is how we roll here at Walter Reed Bethesda — we are joint; we are one team of service members, contract staff, civilians and volunteers privileged to serve America's heroes with one priority and one priority only — an extraordinary patient experience for every patient every single time."

Ediger explained the Air Force's legacy is one

of dedication, adaption, innovation and service to the nation as reflective of those who wear Air Force blues, past and present.

Initially a corps of the Army, the Air Force became a separate branch of the military on Sept. 18, 1947 under the National Security Act of 1947, signed into law by President Harry S. Truman on July 26, 1947. W. Stuart Symington became the first Secretary of the Air Force, a position currently held by Deborah Lee

James, the 23rd person to lead the department.

"Air Force medicine is actually two years younger than the Air Force," Ediger noted. The first two years the Air Force was in existence it did not have a medical service, said the branch's top doctor, a family practice physician. He explained that in 1949, the secretaries of the Army and Air Force agreed to create an Air Force Medical Service, and Maj. Gen. (Dr.) Malcolm C. Grow, after whom the medical clinic at Joint Base Andrews (Md.) is now named, became the first Surgeon General of the U.S. Air Force.

During his address at WRNMMC, Ediger shared with those in attendance the story of 2nd Lt. Elsie Ott, an Army Air Corps nurse during World War II. He said her story serves as an example of the rich and proud heritage and legacy of dedication of Airmen.

A flight nurse during World War II, Ott earned the first Air Medal presented to a woman. She

served on the first inter-continental air evacuation flight and demonstrated its potential in January 1943. She oversaw the movement of five seriously ill patients from Karachi, Pakistan to the then-Walter Reed Army Medical Center (WRAMC) in Washington, D.C., an 11,000-mile trek lasting seven days, which would have normally taken three months by ship and ground transportation.

"There was not a hospital ship of any kind that would have been suitable for evacuating these patients, and aeromedical evacuation [of that distance] did not exist [at the time]," Ediger said. He explained air evacuation of casualties had only been used for short distances and with one patient at a time before Ott's mission.

Describing the mission, Elizabeth Hanink, a registered nurse and writer, explained, "On Jan. 16, 1943, superiors instructed [Ott] to prepare a D-47 Air Transport Command

plane for departure within 24 hours. No medical instructions or supply list came with the order...No flight surgeon vetted the patients. They suffered a variety of conditions: active tuberculosis, paralysis from multiple fractures, bedsores, unstable manic/depression and polio. Ms. Ott outfitted the plane with bedpans, sheets, blankets and two cots anchored to the floor."

After taking off from Pakistan, the plane's first stop was Salalah, Arabia, then Aden (now the capital of Yemen), Gura in Ethiopia, then Khartoum and El Fasher in Egyptian Sudan, Hanink stated. "Ms. Ott discovered that, at every stop not under the control of U.S. Army Air Forces, she had to arrange and pay for meals for all the patients and herself from her own pocket. Lodging and luggage were extra," she added.

"She spent her nights tending the two cot-bound patients. In Accra, Ghana,

See **BIRTHDAY** page 5

Raising Awareness: Are You At Risk for Prostate Cancer?

By Jane Hudak
Patient Educator,
Center for Prostate
Disease Research

September is Prostate Cancer Awareness Month.

Following skin cancer, prostate cancer is the most common cancer in men in the United States. One in six men will develop prostate cancer in their lifetime. The risk of being diagnosed with prostate cancer increases to one in five men for African Americans, and one in three men if there is a family history of the disease.

Prostate cancer is also the second leading cause of cancer death in men, after lung cancer. According to the American Cancer Society, it is predicted that about 22,800 new cases of prostate cancer will be diagnosed in

2015, and approximately 28,000 men, or one man in 38, will die from prostate cancer in 2015.

The exact reasons why men develop prostate cancer remain unknown. Certain factors may increase the chances of developing the disease. Some of the reasons may be genetics, diet, advancing age, or a combination of factors. Strategies to prevent prostate cancer have not been proven. Nevertheless, it is generally agreed that eating a healthy diet (low in animal fats and high in fruits and vegetables), exercising regularly, and maintaining an optimal body weight may be helpful in reducing men's chances of developing this disease.

The detection for prostate cancer is carried out by two simple tests: a digital rectal exam (DRE) and a blood test for "PSA" or prostate specific anti-



Photo by Bernard S. Little

Retired Army Col. (Dr.) Jane Hudak, Center for Prostate Disease Research (CPDR) patient educator, explains to Robert Hohenstein prostate cancer and benign enlargement of the prostate during the John P. Murtha Cancer Center's Cancer Awareness Day June 23 in the America Building at Walter Reed National Military Medical Center.

gen. The PSA test measures the level of PSA in the blood, a substance produced by the normal prostate. The PSA levels tend to be elevated in most prostate tumors. All men have some PSA

in their blood, but an elevated PSA does not necessarily mean that a man has prostate cancer.

The medical community continues to debate the exact age at which men should begin test-

ing or screening for the detection of prostate cancer. The American Urological Association (AUA) strongly supports that the decision to be tested for prostate cancer should be individualized and should include a discussion with a health-care provider about the risks and benefits of testing, so men can make an informed decision about it. Based on the current AUA guidelines, it is recommended that screening be offered to men ages 55 to 69. Men younger than 55 or older than 69 who are concerned about their personal risk factors should talk with their physician to discuss whether they need to be screened. Men who are at risk for prostate cancer (such as men with a family history of the disease, especially if the disease was diagnosed before age 60, and men who are Af-

rican American) or men who have any concerns about developing prostate cancer are encouraged to talk with their physician, regardless of age.

"With early risk assessment and detection of prostate cancer, we are diagnosing prostate cancer in its earlier stages," explained retired Army Col. (Dr.) David McLeod, director of the Center for Prostate Disease Research (CPDR) at Walter Reed National Military Medical Center (WRNMMC). Prior to the use of PSA testing, 21 percent of newly diagnosed men had prostate cancer that had spread beyond the prostate (metastatic) and 68 percent of men had tumors confined to the prostate. "Today, only 4 percent of men have metastatic disease and more than 90 percent of

See **CANCER** page 5

WRNMMC Hosts 5th Annual Pain Care Skills Training

By Bernard S. Little
WRNMMC Public
Affairs staff writer

Bringing together primary care, specialty care, behavioral health, and social work teams and providers from around the globe who treat wounded, ill and injured service members and other beneficiaries, Walter Reed National Military Medical Center (WRNMMC) hosted the 5th Annual Pain Care Skills Training Sept. 14-17.

The intent of the training, which consisted of plenary sessions and hands-on workshops, was to discuss and share best practices as well as alternative approaches to pain management, according to Dr. Christopher Spevak, a WRNMMC physician and deputy director of the Wounded Warrior Pain Care Initiative in the National Capital Region.

More than 350 physicians, nurses, pharmacists, social workers,



Photo by Bernard S. Little

Attendees participate in an acupuncture workshop at the Pain Care Skills Training Sept. 14-17 at Walter Reed National Military Medical Center.

corpsmen, medics and others who work in the field of pain management from the Military Health System, locally, and places from as far away as Japan and Germany, attended the event, Spevak added.

For attendees, Spevak explained the event was much more than merely attending a conference to hear a series of briefings. Attendees participated in workshops during the week which allowed them

hands-on training in alternative skills to treat pain other than with opioids. He added it's important patients receive appropriate pain treatment based on careful consideration of the benefits and risks of treatment options. Last week's event offered participants more than 30 workshops focused on pain management techniques.

Acupuncture, hypnosis, sleep therapy, spirituality, therapeutic movement (tai

chi), yoga, as well as nutrition and herbal therapies were some of the workshop training sessions offered to participants throughout the week.

Spevak explained the goal of the training was for attendees to share ideas and concepts, but just as importantly, to help their beneficiaries improve health, manage pain and decrease their reliance on opioids.

Plenary sessions during the training addressed such topics as omega-3s and pain, transcranial magnetic stimulation (TMS), sleep and pain, and more.

U.S. Public Health Service Capt. Joseph Hibbeln discussed omega-3s and pain. As one of the investigators in a recent study, Hibbeln explained his research team discovered that increasing omega-3s (found primarily in fatty fish such as salmon, mackerel, and tuna, as well as from walnuts and flaxseed in lesser amounts) and reducing omega-6 fatty acids (found in plant oils such as corn oil, soybean oil, and sunflower oil, as well as some nuts and seeds) reduced headache pain and improved quality of life in 56 of 67 patients who completed the intervention during the study.

In discussing TMS, Army Col. (Dr.) Geoffrey Grammer, chief of the Department of Research at the National Intrepid Center of Excellence (NICoE), explained the procedure shows promise as a non-invasive technique for pain treatment. TMS involves stimulating various regions of the brain to affect nerves. Grammer said TMS has been used to relieve depression and other mood changes. Aimed at different areas of the brain, TMS has also been used to assist patients with Parkinson's disease, those who have suffered strokes, as well as patients with other injuries, Grammer added.

Relating to sleep and pain, Army Lt. Col. (Dr.) Christopher J. Lettieri, program director of sleep medicine at WRNMMC, explained lack of adequate sleep can intensify pain. He explained more than 50 percent of patients with chronic pain complain of sleep disturbances. "An estimated 28 million Americans have sleep complaints due to chronic pain syndromes," he explained. Pain affects sleep, and the lack of sleep makes the pain seem worse.

"Chronic pain and disrupted sleep are commonly associated, and they

share a clear cause-and-effect relationship," Lettieri stated. "Pain and sleep disorders are among the most common reason for medical care. It is important to understand these conditions and appreciate the intimate relationship they share."

"Long-term narcotic use causes, precipitates, or exacerbates sleep-disordered breathing; as the use of these agents continues to grow, so will the number of individuals with opioid-induced apnea," Lettieri added. "Prompt recognition and appropriate treatment will probably improve outcomes and quality of life. It may also reduce overall health-care utilization and aid in controlling pain," he concluded.

WRNMMC Director Maj. Gen. (Dr.) Jeffrey B. Clark stated the pain care skills training event provided attendees the opportunity to "learn key techniques to improve the delivery of exceptional care to every patient every time." He added the event served as "a shining example of how education and training will help transform and standardize chronic pain care throughout the Military Health System."

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BIRTHDAY

Continued from pg. 3

the patients were transferred to a B-24 equipped with mattresses. When the flight resumed, there were 11 new patients,” Hanink continued.

“Ascension Island was next, and from there the troop headed to Arr Natal in South Africa...After a few hours downtime, Ms. Ott restocked for the Atlantic crossing. Continuing its refueling hops, the plane first landed in Belém, Brazil, then Borinquen, Puerto Rico. Finally, on Jan. 23, Ms. Ott and her charges, all the worse for wear, landed in the United States [in Florida],” Hanink added.

From Florida, the flight landed at Bolling Field outside of Washington, where Ott and her patients were transported to WRAMC, a predecessor to WRNMMC.

Prior to this flight, Ott had never flown in an airplane and had no air evacuation training, Ediger said. After receiving the Air Medal, she received formal flight nurse training.

“The dedication of Lieutenant Ott to her patients, to those we serve and to the mission, is reflected today in all the medical professionals we have in uniform,” Ediger stated. “It’s a great legacy. It’s a joint legacy,” he concluded.

Air Force Col. (Dr.) Jeffrey A. Bailey continues that legacy of dedicated medical service to those in uniform and their families at WRNMMC. The director of surgery at WRNMMC, Bailey enlisted in the Air Force in

1976 and was trained as a medical laboratory specialist. In 1980, he went to the Air Force Physician Assistant (PA) School, graduated and was commissioned in 1982. He served as a PA for eight years and then went to medical school with assistance from the Health Professions Scholarship Program, which offers prospective military health-care professionals a paid medical education in exchange for service as a commissioned medical department officer. He completed surgical residency and trauma critical care fellowship training.

“I grew up a child of the generation that fought the Second World War before the Air Force was born,” Bailey explained. “I had neighbors who served in the Army Air Corps who shared their stories and medals with me. Celebrating the Air Force birthday reminds me of that generation of people who lived at the time before there was an Air Force. I think of that group of people who fought the war [and served their nation]. They passed that [dedication and commitment] onto me. The Air Force changed my life.”

Air Force Tech. Sgt. Shareef T. Cardwell, non-com-

missioned officer-in-charge of the Pediatric Intensive Care Unit at WRNMMC, shared a similar story as to who inspired him to join the Air Force.

“My grandfather and father were both Airmen,” Cardwell explained. “My dad was fond of sharing the memories of his time in the Air Force. It was a great period in his life. He was able to pass the joy he experienced while telling his stories along to me as a child, and I never forgot that sentiment. He was the Air Force’s best recruiter; I knew I was going to join the Air Force once I committed to enlisting in the military.”

A native of San Diego, Cardwell has been in the Air Force for 14 years. He said celebrating the Air Force birthday provides “an opportunity to reflect on the rich history of our nation’s air power. The U.S. Air Force birthday gives Airmen an occasion to honor our service’s culture and values. [Observing the Air Force birthday] provides us an opportunity to celebrate the optimism we share for the future of our nation’s air dominance and defense.”

CANCER

Continued from pg. 3

men have tumors confined to the prostate,” said Army Col. (Dr.) Inger Rosner, associate director of CPDR.

In most cases, men with early prostate cancer have no symptoms. This fact explains the importance of the PSA blood test and a DRE. The National Cancer Institute advises men to consult their physician if they notice:

- A need to urinate frequently, especially at night
- Difficulty starting or stopping urination
- Painful or burning urination
- Difficulty having an erection
- Painful ejaculation
- Blood in the urine or semen
- Frequent pain and stiffness in the lower back, hips or upper thighs

Any of these symptoms can be caused by cancer or by other, less serious conditions.

For men who are diagnosed with prostate cancer, the CPDR conducts a comprehensive, team-focused, patient-centered Multi-Disciplinary Prostate Cancer Clinic. This clinic is an all-day forum of education and multiple physician consultations which provides men and their families information about their prostate cancer so they can make an informed decision on the best treatment for them, and which course of treatment is required. Treatment for prostate cancer can take a number of different forms, depending on the patient’s clinical presentation, consultation with his physicians, and stage of the cancer.

Rosner and McLeod explained forms of treatment for prostate cancer confined to the prostate may include: active surveillance, surgery, radiation, and cryotherapy (freezing the cancer cells). Hormone therapy may also be used in conjunction with radiation and as a treatment option for more advanced disease found to be outside the prostate.

The CPDR is located on the third floor of the America Building at WRNMMC. For more information, please call (301) 319-2900 or email retired Col. Jane Hudak, patient educator at CPDR, at jane.l.hudak.ctr@mail.mil.

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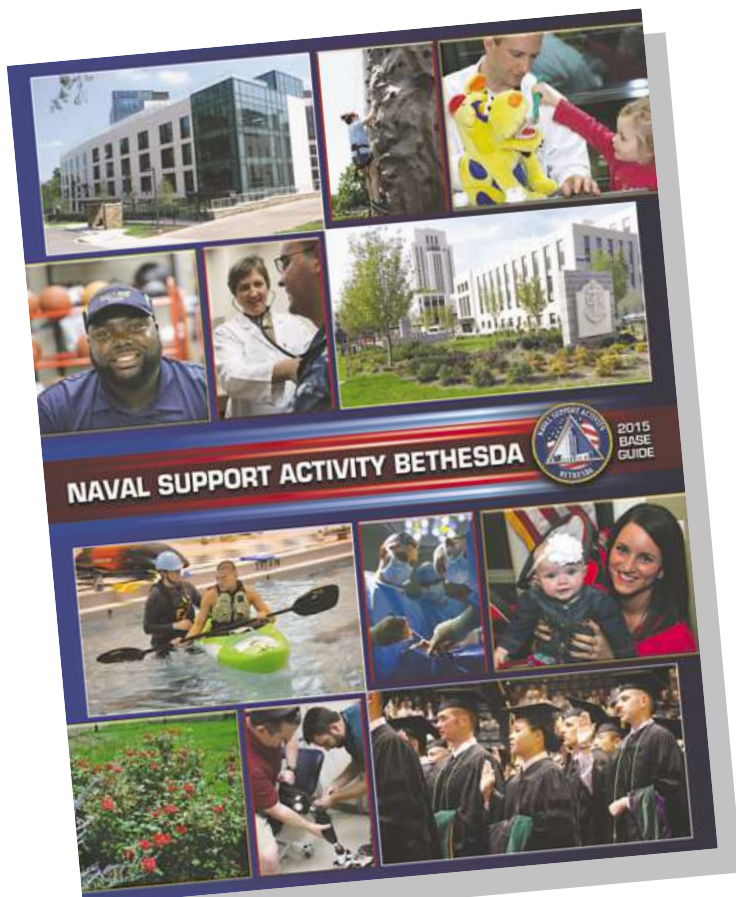
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